PTO/SB/06 (08-03)

Approved for use through 7/31/2006. OMB 0651-003 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. PATENT APPLICATION FEE DETERMINATION RECORD Application or Docket Number Substitute for Form PTO-875 CLAIMS AS FILED - PART I OTHER THAN (Column 1) (Column 2) SMALL ENTITY OR SMALL ENTITY FOR NUMBER FILED NUMBER EXTRA RATE BASIC FEE FEE RATE FEE (37 CFR 1.16(a)) TOTAL CLAIMS OR (37 CFR 1.16(c)) INDEPENDENT CLAIMS OR (37 CFR 1.16(b)) minus 3 = OR MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d)) OR \* If the difference in column 1 is less than zero, enter "0" in column 2. TOTAL OR TOTAL CLAIMS AS AMENDED - PART II (Column 1) (Column 2) OTHER THAN (Column 3) OR SMALL ENTITY SMALL ENTITY CLAIMS HIGHEST REMAINING NUMBER PRESENT RATE AFTER RATE PREVIOUSLY EXTRA TIONAL AMENDMENT TIONAL PAID FOR Total Minus END (37 CFR 1.16(c)) X S OR Minus OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(b)) OR TOTAL TOTAL ADD'L FEE OR ADD'L FEE (Column 1) (Column 2) (Column 3) CLAIMS HIGHEST ω REMAINING NUMBER PRESENT RATE ADDI ENDMENT **AFTER** RATE PREVIOUSLY **EXTRA** ADDI-TIONAL AMENDMENT PAID FOR TIONAL FEE Total (37 CFR 1.16(c)) Minus FEE X S Independent (37 CFR 1.16(b)) OR Minus X S OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) OR TOTAL TOTAL ADD'L FEE OR ADD'L FEE (Column 1) (Column 2) (Column 3) CLAIMS HIGHEST O REMAINING NUMBER PRESENT RATE ADDI-ENDMENT RATE **AFTER** ADDI-PREVIOUSLY **EXTRA** TIONAL AMENDMENT TIONAL PAID FOR FEE Total (37 CFR 1.16(c)) FEE Minus OR X \$ Independent (37 CFR 1.16(b)) Minus X S OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) OR TOTAL TOTAL ADD'L FEE ADD'L FEE If the entry in column 1 is less than the entry in column 2, write "0" in column 3. "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". "If the "Highest Number Previously Pald For" IN THIS SPACE is less than 3, enter "3" The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

## PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2003

Application or Docket Number

(07156W

•			SMALL ENTITY			OTHER THAN							
TOTAL CLAIMS			(Column 1)		(Colu	(Column 2)		TYPE		OR	SMALL		
TOTAL CLAIMS			·W					RATE	FEE		RATE	FEE	
FC	OR		NUMBER FILED .		BMUN	ER EXTRA		BASIC FEE	385.00	OR	BASIC FEE	770.00	
TOTAL CHARGEABLE CLAIMS			O minus 20=		•			X\$ 9=		OR	X\$18=		
IN	DEPENDENT C	LAIMS	7 minus 3 =		*			X43=		OR	X86=		
MULTIPLE DEPENDENT CLAIM PRESENT								+145=		OR	+290=		
* If the difference in column 1 is less than zero, ente					"0" in c	olumn 2	•	TOTAL		OR	TOTAL	710	
	·C	LAIMS AS A (Column 1)	MENDED	DED - PART II (Column 2) (Column 3)				SMALL	ENTITY	OR	OTHER SMALL		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT	·	HIGHI NUME PREVIO	EST BER OUSLY	PRESENT EXTRA	]. [	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	##		=		X\$ 9=		OR	X\$18=		
	Independent		Minus	***	<u> </u>	-		X43=		OR	X86=		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+145=		OR	+290=		
								TOTAL DDIT. FEE	_	OR	TOTAL ADDIT. FEE		
		(Column 1)		_									
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHI NUME PREVIO PAID I	BER JUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=		
	Independent	*	Minus	***		=	ŀſ	X43=		OR	X86=		
	FIRST PRESE	NTATION OF MU	ILTIPLE DEP	ENDENT	CLAIM	<b>_</b>	<b>!</b>	+145=		OR	+290=		
								TOTAL DDIT. FEE		OR	TOTAL ADDIT. FEE		
(Column 1) (Column 2) (Column 3)											•		
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIO PAID F	ST BER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	4	Minus	**		=	]	X\$ 9=		OR	X\$18=		
	Indep ndent		Minus	###				X43=		OR	X86=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM										200		
• If the entry in column 1 is less than the entry in column 2, write "0" in column 3.									OR	+290= TOTAL			
***	**If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  **Total OR ADDIT. FEE ADDIT. FEE  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.												